



Adult Family Home Disclosure of Services Required by RCW 70.128.280

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| HOME / PROVIDER Glory AFH I Maria Ibarra | LICENSE NUMBER 751624 |
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NOTE: The term "the home" refers to the adult family home / provider listed above.

The scope of care, services, and activities listed on this form may not reflect all required care and services the home must provide. The home may not be able to provide services beyond those disclosed on this form, unless the needs can be met through "reasonable accommodations." The home may also need to reduce the level of care they are able to provide based on the needs of the residents already in the home. For more information on reasonable accommodations and the regulations for adult family homes, see [Chapter 388-76](#) of Washington Administrative Code.

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| About the Home | |
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| 1. PROVIDERS STATEMENT (OPTIONAL) The optional provider's statement is free text description of the mission, values, and/or other distinct attributes of the home. <i>Our Purpose is to deliver services that assist individuals in reaching their optimal level of health and independence. We look forward assisting you with planning the most appropriate care to meet your needs. Please bring your family and learn how we provide top quality residential care.</i> | |
| 2. INITIAL LICENSING DATE 03/23/2010 | 3. OTHER ADDRESS OR ADDRESSES WHERE PROVIDER HAS BEEN LICENSED: 5422 S 296th Ct Auburn WA 98001 |
| 4. SAME ADDRESS PREVIOUSLY LICENSED AS: Glory AFH II | |
| 5. OWNERSHIP Sole proprietor Limited Liability Corporation Co-owned by: Other: Corporation | |

| Personal Care |
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| "Personal care services" means both physical assistance and/or prompting and supervising the performance of direct personal care tasks as determined by the resident's needs, and does not include assistance with tasks performed by a licensed health professional. (WAC 388-76-10000) |
| 1. EATING If needed, the home may provide assistance with eating as follows: Puree Diet - Feeding tube - mechanical Soft - Diabetic Diet - Low salt Diet (Whatever Dr. orders) |

2. TOILETING

If needed, the home may provide assistance with toileting as follows:

1+2 Person transfers to toilet - Incontinent Care

3. WALKING

If needed, the home may provide assistance with walking as follows:

1+2 Person Assist w/WALKING - Physical Therapy

4. TRANSFERRING

If needed, the home may provide assistance with transferring as follows:

hoyer Lift - 1+2 person assist transfers

5. POSITIONING

If needed, the home may provide assistance with positioning as follows:

1+2 Person Assist - Turn & Reposition Client q 2 hrs

6. PERSONAL HYGIENE

If needed, the home may provide assistance with personal hygiene as follows:

1+2 Person assist to provide personal hygiene

7. DRESSING

If needed, the home may provide assistance with dressing as follows:

1+2 Person assist to dress/undress

8. BATHING

If needed, the home may provide assistance with bathing as follows:

1+2 Person assist with bathing

9. ADDITIONAL COMMENTS REGARDING PERSONAL CARE

Caregivers will follow careplan & Report any changes

Medication Services

If the home admits residents who need medication assistance or medication administration services by a legally authorized person, the home must have systems in place to ensure the services provided meet the medication needs of each resident and meet all laws and rules relating to medications. (WAC 388-76-10430)

The type and amount of medication assistance provided by the home is: RN Delegation will be provided to caregivers to do tasks that client is unable to do

ADDITIONAL COMMENTS REGARDING MEDICATION SERVICES

Caregivers will all be delegated to give medications

Skilled Nursing Services and Nurse Delegation

If the home identifies that a resident has a need for nursing care and the home is not able to provide the care per chapter 18.79 RCW, the home must contract with a nurse currently licensed in the state of Washington to provide the nursing care and service, or hire or contract with a nurse to provide nurse delegation. (WAC 388-76-10405)

The home provides the following skilled nursing services:

RN does nurse delegation

The home has the ability to provide the following skilled nursing services by delegation: Feeding tube, Diabetic (Insulin injections & monitor blood sugar) eye drops, Topical Rx - Oxygen

ADDITIONAL COMMENTS REGARDING SKILLED NURSING SERVICE AND NURSING DELEGATION

NA

Specialty Care Designations

We have completed DSHS approved training for the following specialty care designations:

Developmental disabilities

✓ Mental illness

✓ Dementia

ADDITIONAL COMMENTS REGARDING SPECIALTY CARE DESIGNATIONS

NA

Staffing

The home's provider or entity representative must live in the home, or employ or have a contract with a resident manager who lives in the home and is responsible for the care and services of each resident at all times. The provider, entity representative, or resident manager is exempt from the requirement to live in the home if the home has 24-hour staffing coverage and a staff person who can make needed decisions is always present in the home. (WAC 388-76-10040)

The provider lives in the home.

A resident manager lives in the home and is responsible for the care and services of each resident at all times.

The provider, entity representative, or resident manager does not live in the home but the home has 24-hour staffing coverage, and a staff person who can make needed decisions is always present in the home.

The normal staffing levels for the home are:

Registered nurse, days and times: RN Delegation & assessments as needed

Licensed practical nurse, days and times: Careplans & Fridays & on call

Certified nursing assistant or long term care workers, days and times: at all times 24/7

Awake staff at night 24/7

Other: Caregivers 24 hr shifts

ADDITIONAL COMMENTS REGARDING STAFFING

NA

Cultural or Language Access

The home must serve meals that accommodate cultural and ethnic backgrounds (388-76-10415) and provide informational materials in a language understood by residents and prospective residents (Chapter 388-76 various sections)

The home is particularly focused on residents with the following background and/or languages:

Caucasian - Japanese - Phillipino

ADDITIONAL COMMENTS REGARDING CULTURAL OR LANGUAGE ACCESS

Home will adjust to food preference to any client

Medicaid

The home must fully disclose the home's policy on accepting Medicaid payments. The policy must clearly state the circumstances under which the home provides care for Medicaid eligible residents and for residents who become eligible for Medicaid after admission. (WAC 388-76-10522)

The home is a private pay facility and does not accept Medicaid payments.

☒ The home will accept Medicaid payments under the following conditions:

ADDITIONAL COMMENTS REGARDING MEDICAID

will accept any medicaid clients

Activities

The home must provide each resident with a list of activities customarily available in the home or arranged for by the home (WAC 388-76-10530).

The home provides the following:

Activities listed on careplan for each client & activities provided as each client is able

ADDITIONAL COMMENTS REGARDING ACTIVITIES

Clients are taken to Senior Center as desired by client or family for activities